



**MONTGOMERY COUNTY
EMERGENCY SERVICE DISTRICT 12
CUT-N-SHOOT VOLUNTEER FIRE DEPARTMENT**

14421 Highway 105 East Conroe, Texas 77306

Office: 936-264-1313 Fax: 936-264-1326

Email: dept2@cnsvfd.com

Web address: cnsvfd.com

Fulltime Firefighter/EMT Position

Montgomery County E.S.D. #12 is currently accepting applications for the position of Fulltime Firefighter/EMT. Applicants need to meet the following minimum requirements:

Minimum Requirements:

- United States citizen.
- Minimum of 18 years old.
- Possess a High School diploma or GED, and be able to read and write the English language.
- Licensed or certified (or certifiable) EMT through the Texas Department of Health.
- Must meet all legal requirements of the Texas Commission on Fire Protection Personnel Standards and Education.
- Basic Firefighter Certification (or certifiable).
- Meet the physical standards for the position.
- Possess a valid Class B Exempt Texas Operators License with a good driving record.
- If applicable, military service with honorable discharge as stipulated on DD-214 Form.
- No felony convictions or major misdemeanor charges or admissions.
- Good moral character, stable employment history and no history of any conduct which may affect suitability for firefighter work.

Hiring Salary:

\$29,900.00

Application Deadline:

Friday November 25 2011 by 5:00 P.M.

Written Test Date:

Friday, December 3 2011 @ 9:00 A.M.

Written test and Physical agility test will be held on December 3 2011.

The written test will be out of Essentials V test bank.

Important:

Copies of your Firefighter Certification issued by the Texas Commission on Fire Protection and your EMT-B Certification issued by the Texas Dept. of Health **MUST** be turned in at the time of application; otherwise your application will be considered incomplete.

To Apply:

You can stop by the Station at 14421 Hwy 105E Conroe, Texas for applications or go to CNSVFD.com and fill out application online. Application may be turned in by person or mailed to the above address before the deadline.

Equal Opportunity Employer



Montgomery County ESD #12

Membership Application

Name: _____
Date: _____

Fulltime Part Time Volunteer

Montgomery County ESD #12
14421 Highway 105 East
Conroe, Texas 77306
(936)264-1313
Fax (936)264-1326

INSTRUCTIONS FOR APPLYING FOR MEMBERSHIP

Dear Applicant:

Thank you for expressing an interest in joining the Montgomery County ESD #12. In this packet you should find the following document:

1. Application for membership
2. Cut-N-Shoot Annual Medical Statement
3. Cut-N-Shoot Beneficiary Designation Form
4. Montgomery County Firefighter Information Sheet
5. Texas DPS LIDR Form
6. Montgomery County Fire Marshalls Criminal History Form
7. A copy of your Social Security card and Drivers license.

Please fill out forms completely. If you are applying for Junior Membership you must fill out a Minor Release form, have it signed by parent or guardian, and have it notarized. Upon receipt of all of the above completed forms, an interview will take place with Chief Officers of the Department. Receipt of your application does not guarantee acceptance as a candidate.

The Montgomery County ESD #12 firmly believes in respecting the rights and dignity of each individual and in the protection and enhancement of the individual's right to privacy. Upon successful completion of the application process and acceptance as a Probationary Member, each applicant will receive a copy of the Departments Bylaws, and a copy of the Departments Standard Operating Procedures manuals.

Montgomery County ESD #12 is an equal opportunity organization.

Personal Information

Name: (Last name, First, Middle) _____

Street Address: _____

City, State, Zip: _____

Social Security #: _____ Date of Birth: _____

Have you ever applied for membership in this Department? Yes or No _____

How were you referred to this V.F.D.: _____

Employment Record

Last or present company: _____ **Type of Business:** _____

Job Classification: _____

Street Address: _____

City, State, Zip: _____

Time of Employment :(From, To) _____

Reason for leaving: _____

Past company: _____ **Type of Business:** _____

Job Classification: _____

Street Address: _____

City, State, Zip: _____

Time of Employment :(From, To) _____

Reason for leaving: _____

Educational History

High School: (Location, Years completed) _____

College or Trade School :(Location, Major Course) _____

Special Skills: _____

Outside Activities

Professional memberships, Certificates, Licenses held: _____

Principle Hobbies: _____



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Name: _____

Address: _____ **How long?** _____

Prior Address _____ **How long?** _____

Date of Birth: _____ **Place of Birth:** _____

Texas Drivers License# _____

Social Security # _____

Last Ticket: _____

Have you ever been arrested: _____

Reason you want to become a member of the Cut-N-Shoot V.F.D.

Montgomery County ESD #12

CRIMINAL HISTORY BACKGROUND

The Montgomery County ESD #12 conducts Criminal Background Checks on all Public Safety Personnel. Please fill in the required information, answer the questions, and return this form to the Fire Department. This information is required for the Criminal History Investigation. This Department is an equal opportunity employer.

FULL NAME: _____

DATE OF BIRTH: _____ **SEX:** _____

DRIVERS LICENSE #: _____ **STATE:** _____ **CLASS:** _____

1. Have you ever been arrested?

YES or NO circle one

If yes, explain: _____

2. Have you ever been convicted of a Class A Misdemeanor, Felony or Sex Offense, including Indecent Exposure?

YES or NO circle one

3. Have you been convicted of a Class B Misdemeanor within the last 10 years?

YES or NO circle one

I understand that this information is provided only for the purpose of conducting a Criminal Background Check and I authorize the Montgomery County Fire Marshal's Office to conduct the check on my behalf. I understand that falsifying information on this form or during any part of the application process may result in rejection of my application.

Applicants Signature

Date

Montgomery County ESD #12
14421 HIGHWAY 105 EAST
CONROE, TEXAS 77306
(936)264-1313

NOTE: This information is designed to provide the officer in charge of all personnel a complete history of physical status as of the date indicated without the need for expensive physical examinations. It is recommended that the form be completed on an annual basis by all drivers of emergency vehicles as well as other active members. If any of the questions are answered "YES" be sure the answer is fully explained.

Date: _____

Name: _____

Address: _____

City and State: _____ Zip: _____

Full Time Occupation: _____

Name of Organization: _____

Are you a: ☐ Certified Vehicle Driver ☐ Driver Trainee

1. Date of Birth: _____

Please circle one

REMARKS

2. Eyesight:

a. Have you lost use of either eye? ☐ R ☐ L

Yes No

b. Is peripheral (side) vision restricted?

Yes No

c. Are you colorblind?

Yes No

d. Do you have, or have you ever had cataracts?

Yes No

e. Are actual deficiencies corrected by glasses or contact lenses?

Yes No

f. Date of last eye examination: _____

3. Hearing:

a. Do you have difficulty hearing normal conversation level?

Yes No

b. Do you use a hearing aide?

Yes No

4. Diabetes:

a. Have you ever been treated for diabetes?

Yes No

b. Describe current medication and dosage, if any, and method of administration under "remarks"

c. Date of latest blood sugar test: _____

5. Heart:

a. Have you ever been treated for heart disease?

Yes No

b. Describe condition: _____

c. Describe current medication and dosage, if any, under "remarks"

d. Do you have a pacemaker?

Yes No

e. Date of last treatment or checkup: _____

6. Epilepsy:

a. Have you ever been treated for epilepsy?

Yes No

		REMARKS	
7. Injuries:			
a. Do you have any physical impairment?	Yes	No	
b. Have you lost the use of an arm or leg?	Yes	No	
c. Does vehicle have special controls?	Yes	No	
d. If yes to any of above, describe under "remarks."			
8. Lungs:			
a. Do you have any preexisting lung condition?	Yes	No	
b. Have you ever been treated for asthma?	Yes	No	
c. If so, how long since you last asthma attack? _____			
d. Do you take any breathing medications? List under "remarks"			
9. Miscellaneous:			
a. Have you ever had, or been treated for convulsions?	Yes	No	
b. Have you ever had any fainting spells?	Yes	No	
c. Have you ever had, or treated for loss of equilibrium?	Yes	No	
d. Have you ever been treated for alcohol or drug abuse?	Yes	No	
e. Have you ever been treated for mental illness?	Yes	No	
10. What is the date of you last physical examination? _____			
11. Are there any restrictions on you vehicle operator's license?	Yes	No	
12. Are you under the care of a physician for any condition not mentioned above which may affect you ability to operate a motor vehicle?	Yes	No	
13. When and for what purpose did you last consult a physician?			

14. Name, address, and phone number of your physician:

The answers to the above are complete, accurate, and true to the best of my knowledge.

 Signature of applicant

 Date

Authorization for release of information:

"I hereby authorize any licensed physician, medical practitioner, hospital or medically related facility, insurance company, the medical information bureau or other organization, institution, or person that has any records or knowledge of me or my health, to give any such information."

A photographic copy, Xerox, or similar reproduction of this authorization shall be as valid as the original.

 Signature of person named above:

 Date

